

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA

In Re:

Kenneth Allen Bennett
Crystal Rengel Patterson

Case No: 15-80327

MOTION TO MODIFY CHAPTER 13 PLAN

NOW COME (S) DEBTOR(S), Kenneth Allen Bennett and Crystal Rengel Patterson, by and through counsel undersigned, and move(s), under authority of 11 U.S.C. § 1329, to modify the Chapter 13 plan in this case. In support hereof, the Debtor(s) show the Court the following:

This case was filed on March 27, 2015, with the Chapter 13 plan being subsequently confirmed on June 18, 2015.

The Debtors payments are current as of the date of this motion.

The Debtor (s)propose(s) to modify the Chapter 13 plan in this case as to provide for the surrender of their interest in certain collateral securing the claim of the following creditors:

Creditor and Account No.	Collateral
Nissan Motor Acceptance 00102428316850001	2104 Nissan Altima

1. The reason for the proposed surrender is as follows: The MD income has decreased and the monthly expenses have increased (primarily the out of pocket medical expenses) so that Debtors are stressed making their monthly plan payment, MD has been out of work on medical leave for the past three months.
2. The proposed modification provides for the treatment allowed pursuant to 11 U.S.C. Section 1325(a)(5)(C) and conforms to the standards of confirmation set out in Code Sections 1322(a), 1322(b) and 1325(a).
3. The proposed modification does not adversely affect any creditors other than the above-named creditor(s), nor does it change the base amount of the Chapter 13 plan.
4. The Debtors further request that, as a payment will no longer be needed for this creditor, that their plan payment be reduced from \$1,093.00 to \$775.00 monthly for a 36 month plan period.

WHEREFORE, the Debtor(s) pray(s) that this Court grant their Motion, and modify the Chapter 13 plan accordingly.

Dated: January 20, 2016.

By: ___/s/ Michael J. McCrann
Michael J. McCrann
Attorney for Debtors
704 N. Sandhills Blvd
Aberdeen, NC 28315

Fill in this information to identify your case:

Debtor 1 Kenneth Allen BennettDebtor 2 Crystal Rengel Patterson
(Spouse, if filing)United States Bankruptcy Court for the: MIDDLE DISTRICT NORTH CAROLINACase number 15-80327
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

- ☒ Employed
- ☐ Not employed

Occupation

Production Worker

Include part-time, seasonal, or self-employed work.

Employer's name

Tyson Foods, Inc

Occupation may include student or homemaker, if it applies.

Employer's address

800 E. Main St.
Sanford, NC 27332

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Key HolderDollar General1215 Old US 1
Southern Pines, NC 28387

How long employed there?

3 Years9 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 2,140.67	\$ 1,222.56
3.	Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4.	Calculate gross income. Add line 2 + line 3.	\$ 2,140.67	\$ 1,222.56

Debtor 1 **Kenneth Allen Bennett**
 Debtor 2 **Crystal Rengel Patterson**

Case number (if known) **15-80327**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,140.67	\$ 1,222.56
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 208.00	\$ 200.63
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 191.01	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 103.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Stock	5h.+ \$ 86.67	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 588.68	\$ 200.63
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,551.99	\$ 1,021.93
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,551.99 + \$ 1,021.93	= \$ 2,573.92
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$	2,573.92
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Combined
monthly income

Fill in this information to identify your case:

Debtor 1 Kenneth Allen Bennett

Debtor 2 Crystal Rengel Patterson
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT NORTH CAROLINA

Case number 15-80327
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file a separate Schedule J.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Dependant Child10☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Kenneth Allen Bennett**
 Debtor 2 **Crystal Rengel Patterson**

Case number (if known) **15-80327**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 197.00
6b. Water, sewer, garbage collection	6b. \$ 90.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 280.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 400.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 100.00
10. Personal care products and services	10. \$ 60.00
11. Medical and dental expenses	11. \$ 400.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 160.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00
14. Charitable contributions and religious donations	14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 0.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other: Specify: _____	21. +\$ 0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$ 1,787.00
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 2,573.92
23b. Copy your monthly expenses from line 22 above.	23b. -\$ 1,787.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ 786.92

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
 For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

Debtor's Medicaid has terminated as of October 2014. Debtor will be responsible for medical bills resulting from bone marrow transplant, which expenses are expected to be considerable. In Order to be able too pay these bills Debtor is forced to surrender his vehicle and reduce the plan payment so money will be available to pay the medical bills.

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT NORTH CAROLINA

In Re:

Kenneth Allen Bennett
Crystal Rengel Patterson

SS# xxx-xx-4514

SS# xxx-xx-5563

Debtor(s)

NOTICE TO CREDITORS
AND
PROPOSED PLAN

Case No. 15-80327

CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the Notice to Creditors and Proposed Plan was served by first class mail, postage prepaid, to the following parties at their respective addresses:

Reid Wilcox
Clerk of Court
U.S. Bankruptcy Court
Middle District of North Carolina
P.O. Box 26100
Greensboro, NC 27402

Richard M. Hutson, II
Chapter 13 Trustee
Durham Division
Post Office Box 3613
Durham, NC 27702-3613

Amerinatonal Community Services
8121 E. Florence Ave
Downey, CA 90240

Bragg Mutual Credit Union
2917 Village Drive
Fayetteville, NC 28304

Campus Partners
P.O. Box 970004
Boston, MA 02297

Capital One
POB 30281
Salt Lake City, UT 84130-0281

Coral Sands
218 Park Plaza
Hilton Head Island, SC 29928

Credit One Bank
POB 60500
City Of Industry, CA 91716-0500

Federal Loan Servicing
P.O. Box 60610
Harrisburg, PA 17106

First Health Moore Regional
P O Box 580484
Charlotte, NC 28258-0484

First Premier
3820 N Louise Ave
Sioux Falls, SD 57107-0145

First Savings Credit
P.O.Box 5019
Sioux Falls, SD 57117

Habitat for Humanity
2268 Hwy 5
Aberdeen, NC 28315

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Moore County Tax Collector
P.O. Box 428
Carthage, NC 28327

NC Dept of Revenue
POB 1168
Raleigh, NC 27602

Nissan Motor Acceptance
P.O. Box 660360
Dallas, TX 75266

Penn Credit Corp
P.O. 988
Harrisburg, PA 17108-0988

Pinehurst Radiology Group
POB 6948
Richmond, VA 23230-0948

RAC Acceptance
1918-B Skibo Rd
Fayetteville, NC 28314

Sandhills Emergency Services
POB 890060
Charlotte, NC 28289-0060

Sandhills Finance Co.
1701 N. Sandhills Blvd
Aberdeen, NC 28315

SECU
P.O. Box 29606
Raleigh, NC 27626

United Consumer Financial
865 Bassett Road
Westlake, OH 44145

Date: January 11, 2016

Michael J. McCrann